

**ESTIMATED FIDUCIARY BUSINESS TAX  
QUARTERLY PAYMENT FORMS****2003** Estimated Tax Worksheet (Keep for your records – Do not file)

1	ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS	<b>BET(a)</b>	<b>BPT(b)</b>
a	BET Taxable Base after Apportionment.....		
b	NH Taxable Business Profits after Apportionment.....		
2	TAX		
a	Line 1(a) x .0075.....		
b	Line 1(b) x .085.....		
3	CREDITS		
a	RSA 162-L, CDFA (Investment Tax Credit).....		
b	RSA 77-A:5 (Please be sure to include the BET Credit).....		
4	Estimated tax for current year [Line 2 minus Line 3(a) and/or 3(b)].....		
5	Overpayment from last year.....		
6	Balance of Business Taxes Due (Line 4 minus Line 5).....		

**COMPUTATION and RECORD of PAYMENTS**

Date Paid	BET	Amount of each Installment (1/4 of Line 6 of worksheet)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 15, 2003
2.....	\$.....	\$.....	\$.....	\$.....	June 16, 2003
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 15, 2003
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 15, 2003.

**ESTIMATED TAX FORM INSTRUCTIONS**

- Line 1 Enter 1/4 of the Business Enterprise Tax calculated on Line 6 in the tax worksheet above.  
 Line 2 Enter 1/4 of the Business Profits Tax calculated in the tax worksheet above.  
 Line 3 Enter the TOTAL payment sum of Lines 1 and 2.

**IMPORTANT:****THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.**

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FOR DRA USE ONLY

For the CALENDAR year **2003** or other taxable period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Mo Day Year Mo Day Year

PLEASE PRINT OR TYPE

FOR DRA USE ONLY	NAME OF ESTATE OR TRUST	FEDERAL EMPLOYER IDENTIFICATION NUMBER		
	NUMBER AND STREET ADDRESS			
	ADDRESS (continued)	1/4 Business Enterprise Tax	1	\$
	CITY/TOWN, STATE & ZIP CODE	1/4 Business Profits Tax	2	\$
		Amount of This Payment	3	\$
MAIL TO:	NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637			
	Make checks payable to: <b>STATE OF NEW HAMPSHIRE</b> Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.			

FORM

**NH-1041-ES**

722

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
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FEDERAL EMPLOYER IDENTIFICATION NUMBER

NUMBER AND STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE &amp; ZIP CODE

MAIL TO: NH DEPT OF REVENUE ADMINISTRATION  
DOCUMENT PROCESSING DIVISION  
PO BOX 637  
CONCORD NH 03302-0637

¼ Business Enterprise Tax 1 \$

¼ Business Profits Tax 2 \$

**Amount of This Payment 3** \$Make checks payable to: **STATE OF NEW HAMPSHIRE**  
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Rev. 10/02

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